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## \*BIBDATASHEET\*

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|---|---|----------------|--------------|--------------------|------------------------|---|--|-----|-------------|
| APPLICANTS  |   |                |              |                    |                        |   |  |     |             |
| Christian Sieger, Sassenberg, GERMANY;  |   |                |              |                    |                        |   |  |     |             |
| Michael Sieger, Sassenberg, GERMANY;  |   |                |              |                    |                        |   |  |     |             |
| ** CONTINUING DATA **********************************   |   |                |              |                    |                        |   |  |     |             |
| ** FOREIGN APPLICATIONS ************************************  |   |                |              |                    |                        |   |  |     |             |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED<br>** 02/25/2004  |   |                |              |                    |                        |   |  |     |             |
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| met<br>Verified and<br>Acknowledged   | Exa   | Willowande 927 | nitials      | COUNTRY<br>GERMANY | DR                     | AWING<br>3  | CLA<br>1                                   |     | CLAIMS<br>2 |
| ADDRESS<br>25889<br>WILLIAM COLLARD<br>COLLARD & ROE, P.C.<br>1077 NORTHERN BOULEVARD<br>ROSLYN , NY<br>11576 |   |                |              |                    |                        |   |  |     |             |
| TITLE<br>Sanitary tub   |   |                |              |                    |                        |   |  |     |             |
| FILING FEE. F   | FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT |                |              |                    |                        | All Fees  1.16 Fees (Filing)  1.17 Fees (Processing Ext. of time) |  |     |             |
| No to charge/credit DEPOSIT ACCOUNT   time )  RECEIVED No for following:                                      |   |                |              |                    |                        |   |  |     | )           |